

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90164 036 \*\*\*\*61.25

**DOCUMENT # 765895**

1. Entity Name

**LEGION VILLAGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>734 LEGION DRIVE DESTIN FL 32541</b>	Mailing Address <b>734 LEGION DRIVE DESTIN FL 32541</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>26-6446959</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BROWN, LEON**  
**734 LEGION DRIVE**  
**DESTIN FL 32541**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Leon Brown* **Treasurer** DATE **02-05-02**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE <b>PD</b>	NAME <b>TAYLOR, CARL</b>	STREET ADDRESS <b>P O BOX 4052</b>	CITY-ST-ZIP <b>FT WALTON BCH FL 32541</b>	<input type="checkbox"/> Delete
TITLE <b>D</b>	NAME <b>BROWN, PAULA</b>	STREET ADDRESS <b>184 S. HOLIDAY ROAD</b>	CITY-ST-ZIP <b>DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE <b>D</b>	NAME <b>O'BANNON, PEGGY</b>	STREET ADDRESS <b>344 L'ATRIUM DRIVE</b>	CITY-ST-ZIP <b>DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE <b>DC</b>	NAME <b>POSTEN, RODNEY</b>	STREET ADDRESS <b>734 LEGION DR. #87</b>	CITY-ST-ZIP <b>DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE <b>PD</b>	NAME <b>KIDD, ELIZABETH A</b>	STREET ADDRESS <b>734 LEGION DR #45</b>	CITY-ST-ZIP <b>DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE <b>T</b>	NAME <b>LEON BROWN</b>	STREET ADDRESS <b>184 S. Holiday Rd.</b>	CITY-ST-ZIP <b>DESTIN FL 32541</b>	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leon Brown* **Treasurer** DATE **02-05-02** Daytime Phone # **850-937-5733**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)